

Exhibit A

UNITED STATES DISTRICT COURT

for the

Southern District of Ohio



JIM W. MORGAN

INTERSTATE RESOURCES, INC.

Case No.: 1:21-cv-481

BILL OF COSTS

Judgment having been entered in the above entitled action on 09/26/2023 against PLAINTIFF,
Date
the Clerk is requested to tax the following as costs:

Fees of the Clerk	\$ <u>400.00</u>
Fees for service of summons and subpoena	<u>344.18</u>
Fees for printed or electronically recorded transcripts necessarily obtained for use in the case	<u>4,205.35</u>
Fees and disbursements for printing	<u>0.00</u>
Fees for witnesses (<i>itemize on page two</i>)	<u>0.00</u>
Fees for exemplification and the costs of making copies of any materials where the copies are necessarily obtained for use in the case.	<u> </u>
Docket fees under 28 U.S.C. 1923	<u> </u>
Costs as shown on Mandate of Court of Appeals	<u> </u>
Compensation of court-appointed experts	<u> </u>
Compensation of interpreters and costs of special interpretation services under 28 U.S.C. 1828	<u> </u>
Other costs (<i>please itemize</i>)	<u> </u>
TOTAL	\$ <u>4,949.53</u>

SPECIAL NOTE: Attach to your bill an itemization and documentation for requested costs in all categories.

Declaration

I declare under penalty of perjury that the foregoing costs are correct and were necessarily incurred in this action and that the services for which fees have been charged were actually and necessarily performed. A copy of this bill has been served on all parties in the following manner:



Electronic service



First class mail, postage prepaid



Other: _____

s/ Attorney: /s/ V. Phillip Hill IVName of Attorney: V. Phillip Hill IVFor: DEFENDANT INTERSTATE RESOURCES, INC.Date: 10/23/23*Name of Claiming Party*

Taxation of Costs

Costs are taxed in the amount of _____ and included in the judgment.

By: _____

*Clerk of Court**Deputy Clerk**Date*

Witness Fees (computation, cf. 28 U.S.C. 1821 for statutory fees)							
NAME , CITY AND STATE OF RESIDENCE	ATTENDANCE		SUBSISTENCE		MILEAGE		Total Cost Each Witness
	Days	Total Cost	Days	Total Cost	Miles	Total Cost	
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
					TOTAL		\$0.00

NOTICE

Section 1924, Title 28, U.S. Code (effective September 1, 1948) provides:
 “Sec. 1924. Verification of bill of costs.”
 “Before any bill of costs is taxed, the party claiming any item of cost or disbursement shall attach thereto an affidavit, made by himself or by his duly authorized attorney or agent having knowledge of the facts, that such item is correct and has been necessarily incurred in the case and that the services for which fees have been charged were actually and necessarily performed.”

See also Section 1920 of Title 28, which reads in part as follows:
 “A bill of costs shall be filed in the case and, upon allowance, included in the judgment or decree.”

The Federal Rules of Civil Procedure contain the following provisions:
RULE 54(d)(1)
 Costs Other than Attorneys’ Fees.
 Unless a federal statute, these rules, or a court order provides otherwise, costs — other than attorney’s fees — should be allowed to the prevailing party. But costs against the United States, its officers, and its agencies may be imposed only to the extent allowed by law. The clerk may tax costs on 14 day’s notice. On motion served within the next 7 days, the court may review the clerk’s action.

RULE 6
 (d) Additional Time After Certain Kinds of Service.

When a party may or must act within a specified time after service and service is made under Rule5(b)(2)(C), (D), (E), or (F), 3 days are added after the period would otherwise expire under Rule 6(a).

RULE 58(e)
 Cost or Fee Awards:
 Ordinarily, the entry of judgment may not be delayed, nor the time for appeal extended, in order to tax costs or award fees. But if a timely motion for attorney’s fees is made under Rule 54(d)(2), the court may act before a notice of appeal has been filed and become effective to order that the motion have the same effect under Federal Rule of Appellate Procedure 4(a)(4) as a timely motion under Rule 59.

FEES OF THE CLERK

GORDON & REES, LLP

Accounting Department Check Request

Today's Date: 9/17/2021 Date & Time Required: 9/17/2021

☒ General Account
 ☐ Trust Account
 ☐ Wire Transfer
 ☐ Foreign Draft

Account No: _____ **Amount** \$400.00
Client Matter No. DSSMTH-1241839 **Currency** _____
Matter Name: Jim Morgan (if not USD)
Payable To: US District Court Clerk
Address: 100 East Fifth Street
Cincinnati, OH 45202
Tax ID # (if known) _____

Practice Group: COMMLIT Please specify _____
 Billing Code 1300 Please specify _____

Requested By: Viktorija Zdraveve Return to: Rebecca Ros (Columbus)e
☐ E-Mail when ready
☒ Send Via Interoffice Mail – Floor _____

Billing Attorney Chad A. Shultz Approved By (✕): VZ
(1st Initial Last Name) (Atty. initials or initialed invoice)

Narrative: Please specify text you wish to appear on client statement
(required)

Filing fees for P. Hill and C. Shultz Motions for Admission Pro Hac Vice

Attached:

☐ Invoice # _____ ☐ Other (add explanation)

<i>Other Explain:</i>	
<i>Wire Instructions</i>	Bank Name:
	Account #
	SWIFT #
	ABA Routing #

FEES FOR SERVICE OF SUMMONS AND SUBPOENA

Ciox Health

P.O. Box 409740
 Atlanta, Georgia 30384-9740
 Fed Tax ID 58 - 2659941
 1-800-367-1500

Ciox
 HEALTH
INVOICE
Invoice #: **0392430172**Date: **10/24/2022**Customer #: **2229403**

Ship to:

MEDICAL RECORDS
 GORDON REES SCULLY ETAL
 55 IVAN ALLEN JR BLVD NW
 STE 750
 ATLANTA,GA 30308-3134

Bill to:

MEDICAL RECORDS
 GORDON REES SCULLY ETAL
 55 IVAN ALLEN JR BLVD NW
 STE 750
 ATLANTA,GA 30308-3134

Records from:

TPP NORTHCREEK FAMILY
 PRACTICE
 8240 NORTHCREEK DR
 STE 1400
 CINCINNATI,OH 45236-2379

Requested By: GORDON REES SCULLY ETAL
Patient Name: MORGAN JAMES

DOB : 08/27/1958

Description	Quantity	Unit Price	Amount
Basic Fee			21.65
Retrieval Fee			0.00
Per Page Copy (Paper) 3	10	1.42	14.20
Per Page Copy (Paper) 1	531	0.29	153.99
Per Page Copy (Paper) 2	40	0.73	29.20
Shipping			8.72
Subtotal			227.76
Sales Tax			20.27
Invoice Total			248.03
Balance Due			248.03
Terms: Net 30 days Please remit this amount : \$248.03(USD)			

Ciox Health

P.O. Box 409740
 Atlanta, Georgia 30384-9740
 Fed Tax ID 58 - 2659941
 1-800-367-1500

Invoice #: **0392430172**

Get future medical records as soon as they are processed,
 by signing up for secure electronic delivery.
 Register at: <https://edelivery.cioxhealth.com>

Check # _____

Payment Amount \$ _____

Please return stub with payment.

Please include invoice number on check.

To pay invoice online, please go to <https://paycioxhealth.com/pay/> or call 800-367-1500.Email questions to collections@cioxhealth.com.

12/14/2022 7:04:49 AM -0500 FAXCOM

PAGE 1 OF 1

PREPAYMENT REQUIRED

MRO1000 Madison Avenue, Suite 100
Norristown, PA 19403**Invoice**62502226
November 29, 2022Phone: (610) 994-7500 Opt. 1
Fax: (610) 962-8421**V. Phillip Hill IV, Esq.**
Gordon Rees Scully Mansukhani, LLP
55 Ivan Allen Jr Blvd NW
Suite 750
Atlanta, GA 30308

On 11/16/2022 the following healthcare provider received your request for copies of medical records:

Bethesda North Hospital
10500 Montgomery Road
Cincinnati, OH 45242You requested records for: **JAMES MORGAN**

This is your invoice for providing the copies of the medical records.

Your Reference ID:

CGPROF-1241839

MRO Request ID: 62502226

MRO Online Tracking Number: BTNH7FWSJ9XH

You can track and pay for your request online at:

www.roilog.comRecords consisting of more than 75 pages may
be sent on CD-ROM.Cancelled requests or unpaid invoices may be
subject to a cancellation fee.**Fees**

Search and Retrieval Fee:	\$21.65
Number of Pages:	1
Tier 1:	\$0.00
Tier 2:	\$0.00
Tier 3:	\$0.00
Media pages/materials:	0
Media Fee:	\$0.00
Certification Fee:	\$0.00
Adjustments:	\$0.00
Postage:	\$0.00
Sales Tax:	\$0.00
TOTAL:	\$21.65
Paid at Facility:	(\$0.00)
Paid to MRO:	(\$0.00)
BALANCE DUE:	\$21.65

You may pay this invoice online at:

www.roilog.com

You can send a check to:

MRO

P.O. Box 6410,

Southeastern, PA 19398-6410

MRO Tax ID (EIN): 01-0661910

Please write the Invoice # on the check or
return this invoice with the payment.**PAYMENT**

By proceeding with this order, you are representing that you: have reviewed, understood, and approved the charges; have agreed to pay them; and have agreed to the following terms. Any dispute relating to the charges in this invoice must be presented before proceeding with this order. Any dispute not so presented is waived. Presentation of a dispute must be made by telephone (610) 994-7500 Opt. 1. All disputes regarding the charges in this invoice, whether presented by you or by MRO, must be resolved by arbitration under the Federal Arbitration Act through one or more neutral arbitrators before the American Arbitration Association (AAA). Your dispute will be resolved by the arbitrators, and not by a judge or a jury. Class arbitrations are not permitted. Disputes must be brought only in the claimant's individual capacity and not as a representative or member of a class. An arbitrator may not consolidate your dispute with the dispute of anyone else nor preside over any form of class proceeding. Upon request by you at the time a dispute is presented, MRO will pay the AAA fee for arbitration of your dispute.

Please contact MRO at (610) 994-7500 Opt. 1 for any questions regarding this invoice.
MRO is the medical copy request processor for:
Bethesda North Hospital.

Ciox Health

P.O. Box 409740
 Atlanta, Georgia 30384-9740
 Fed Tax ID 58 - 2659941
 1-800-367-1500

ciox
 HEALTH
INVOICE

Invoice #: **0400370649**
 Date: **01/12/2023**
 Customer #: **2229403**

Ship to:

GORDON REES SCULLY ETAL
 GORDON REES SCULLY ETAL
 55 IVAN ALLEN JR BLVD NW
 STE 750
 ATLANTA,GA 30308-3134

Bill to:

GORDON REES SCULLY ETAL
 GORDON REES SCULLY ETAL
 55 IVAN ALLEN JR BLVD NW
 STE 750
 ATLANTA,GA 30308-3134

Records from:

THI MONTGOMERY
 10506A MONTGOMERY RD
 SUITE 301
 CINCINNATI,OH 45242

Requested By: GORDON REES SCULLY ETAL
Patient Name: MORGAN JAMES

DOB : 08/27/1958

Description	Quantity	Unit Price	Amount
Basic Fee			21.65
Retrieval Fee			0.00
Per Page Copy (Paper) 1	40	0.73	29.20
Per Page Copy (Paper) 2	10	1.42	14.20
Shipping			3.36
Subtotal			68.41
Sales Tax			6.09
Invoice Total			74.50
Balance Due			74.50
Terms: Net 30 days Please remit this amount : \$74.50(USD)			

Ciox Health

P.O. Box 409740
 Atlanta, Georgia 30384-9740
 Fed Tax ID 58 - 2659941
 1-800-367-1500

Get future medical records as soon as they are processed,
 by signing up for secure electronic delivery.
 Register at: <https://edelivery.cioxhealth.com>

Invoice #: **0400370649**

Check # _____

Payment Amount \$ _____

Please return stub with payment.

Please include invoice number on check.

To pay invoice online, please go to <https://paycioxhealth.com/pay/> or call 800-367-1500.

Email questions to collections@cioxhealth.com.

Court Reporter Invoices

AMS DEPO

Court Reporting Services

BILL TO

Chad A. Shultz, Esq.
Gordon Rees Scully Mansukhani
55 Ivan Allen Jr. Blvd., NW
Suite 750
Atlanta, GA 30308

Registered Professional Reporters
 Registered Merit Reporters
 Certified Real Time Reporters

Invoice

DATE	INVOICE #
10/21/2022	9184

FILE NUMBER	TERMS	DEPONENT
DS Smith	Net 30	10-10-22

DESCRIPTION	QTY	RATE	AMOUNT
Copy of Transcript	1	535.50	535.50
Exh. Management, scanned by Counsel		0.00	0.00
E-Transcript e-mailed 10-17-22		0.00	0.00
JAMES W. MORGAN vs. DS SMITH HOLDINGS 1:21-CV-481			
Depo of: THOMAS JAKOBSEN Taken: 10-4-22 Reporter: CLB			

SS# 280-56-2520

Total**\$535.50**

Make Check Payable to: AMS Depo
P.O. Box 58641 * Cincinnati, Ohio 45258-8641
Phone: (513) 941-9464 Fax (513) 941-4092
E-Mail amsdepo@fuse.net

AMS DEPO

Court Reporting Services

BILL TO

Chad A. Shultz, Esq.
Gordon Rees Scully Mansukhani
55 Ivan Allen Jr. Blvd., NW
Suite 750
Atlanta, GA 30308

Registered Professional Reporters
 Registered Merit Reporters
 Certified Real Time Reporters

Invoice

DATE	INVOICE #
10/21/2022	9176

FILE NUMBER	TERMS	DEPONENT
DS Smith	Net 30	8-29-22

DESCRIPTION	QTY	RATE	AMOUNT
Copy of Transcript	1	252.00	252.00
Exh. Management, scanned by Counsel		0.00	0.00
E-Transcript e-mailed 10-3-22		0.00	0.00
JAMES W. MORGAN vs. DS SMITH HOLDINGS 1:21-CV-481			
Depo of: NIELS FLIERMAN Taken: 8-29-22 Reporter: AMS			

SS# 280-56-2520

Total \$252.00

Make Check Payable to: AMS Depo
 P.O. Box 58641 * Cincinnati, Ohio 45258-8641
 Phone: (513) 941-9464 Fax (513) 941-4092
 E-Mail amsdepo@fuse.net

AMS DEPO

Court Reporting Services

BILL TO

Chad A. Shultz, Esq.
Gordon Rees Scully Mansukhani
55 Ivan Allen Jr. Blvd., NW
Suite 750
Atlanta, GA 30308

Registered Professional Reporters
 Registered Merit Reporters
 Certified Real Time Reporters

Invoice

DATE	INVOICE #
10/21/2022	9178

FILE NUMBER	TERMS	DEPONENT
DS Smith	Net 30	8-30-22

DESCRIPTION	QTY	RATE	AMOUNT
Copy of Transcript	1	327.60	327.60
Exh. Management, scanned by Counsel		0.00	0.00
E-Transcript e-mailed 9-20-22		0.00	0.00
JAMES W. MORGAN vs. DS SMITH HOLDINGS 1:21-CV-481 Depo of: KEITH LEDBETTER Taken: 8-30-22 Reporter: AMS			

SS# 280-56-2520

Total**\$327.60**

Make Check Payable to: AMS Depo
P.O. Box 58641 * Cincinnati, Ohio 45258-8641
Phone: (513) 941-9464 Fax (513) 941-4092
E-Mail amsdepo@fuse.net

AMS DEPO

Court Reporting Services

Registered Professional Reporters
Registered Merit Reporters
Certified Real Time Reporters

BILL TO

Chad A. Schultz, Esq.
Gordon Rees Scully Mansukhani
55 Ivan Allen Jr. Blvd., NW
Suite 750
Atlanta, GA 30308**Invoice**

DATE	INVOICE #
10/21/2022	9180

FILE NUMBER		TERMS	DEPONENT
DS Smith		Net 30	9-1-22
DESCRIPTION	QTY	RATE	AMOUNT
Copy of Transcript	1	255.25	255.25
Exh. Management, scanned by Counsel		0.00	0.00
E-Transcript e-mailed 10-3-22		0.00	0.00
JAMES W. MORGAN vs. DS SMITH HOLDINGS 1:21-CV-481			
Depo of: STEFANO ROSSI Taken: 9-1-22 Reporter: AMS			
Federal ID #: 20-2901299		Total	\$255.25

Make Check Payable to: AMS Depo
P.O. Box 58641 * Cincinnati, Ohio 45258-8641
Phone: (513) 941-9464 Fax (513) 941-4092
E-Mail amsdepo@fuse.net

AMS DEPO**Court Reporting Services****BILL TO**

Chad A. Shultz, Esq.
Gordon Rees Scully Mansukhani
55 Ivan Allen Jr. Blvd., NW
Suite 750
Atlanta, GA 30308

Registered Professional Reporters
 Registered Merit Reporters
 Certified Real Time Reporters

Invoice

DATE	INVOICE #
12/5/2022	9189

FILE NUMBER	TERMS	DEPONENT
DS Smith	Net 30	11-4-22

DESCRIPTION	QTY	RATE	AMOUNT
Copy of Transcript	1	469.35	469.35
Exh. Management Scanned by Counsel		0.00	0.00
E-Transcript e-mailed 11-26-22		0.00	0.00
JAMES MORGAN vs D.S. SMITH HOLDINGS 1:21-CV-481 Depo of: MILES ROBERTS Taken: 11-4-22 Reporter: AMS			

Federal ID #: 20-2901299

Total \$469.35

Make Check Payable to: AMS Depo
P.O. Box 58641 * Cincinnati, Ohio 45258-8641
Phone: (513) 941-9464 Fax (513) 941-4092
E-Mail amsdepo@fuse.net

AMS DEPO

Court Reporting Services

BILL TO

Chad A. Shultz, Esq.
Gordon Rees Scully Mansukhani
55 Ivan Allen Jr. Blvd., NW
Suite 750
Atlanta, GA 30308

Registered Professional Reporters
 Registered Merit Reporters
 Certified Real Time Reporters

Invoice

DATE	INVOICE #
10/21/2022	9182

FILE NUMBER	TERMS	DEPONENT
DS Smith	Net 30	9-13-22

DESCRIPTION	QTY	RATE	AMOUNT
Copy of Transcript	1	378.00	378.00
Exh. Management, scanned by Counsel		0.00	0.00
E-Transcript e-mailed 10-17-22		0.00	0.00
<p>JAMES W. MORGAN vs. DS SMITH HOLDINGS 1:21-CV-481</p> <p>Depo of: ADRIAN MARSH Taken: 9-13-22 Reporter: AMS</p>			
SS# 280-56-2520		Total	\$378.00

Make Check Payable to: AMS Depo
 P.O. Box 58641 * Cincinnati, Ohio 45258-8641
 Phone: (513) 941-9464 Fax (513) 941-4092
 E-Mail amsdepo@fuse.net

AMS DEPO**Court Reporting Services**

BILL TO

Chad A. Shultz, Esq.
Gordon Rees Scully Mansukhani
55 Ivan Allen Jr. Blvd., NW
Suite 750
Atlanta, GA 30308

Registered Professional Reporters
 Registered Merit Reporters
 Certified Real Time Reporters

Invoice

DATE	INVOICE #
2/2/2023	9205

FILE NUMBER	TERMS	DEPONENT
DS Smith	Net 30	10/13/22

DESCRIPTION	QTY	RATE	AMOUNT
Copy of Transcript	1	450.45	450.45
Exh. Management by Counsel		0.00	0.00
Transcript e-mailed 12-12-22		0.00	0.00
JAMES W. MORGAN vs. DS SMITH HOLDINGS 1:21-CV-481			
Depo of: LOUISE BENTHAM Date: 10/13/22 Reporter: AMS			

SS# 280-56-2520

Total**\$450.45**

Make Check Payable to: AMS Depo
P.O. Box 58641 * Cincinnati, Ohio 45258-8641
Phone: (513) 941-9464 Fax (513) 941-4092
E-Mail amsdepo@fuse.net

Date	Invoice #
10/4/2022	22-129

DATE TAKEN:	10/4/2022
DEPONENT:	Thomas Jakobsen
PLAINTIFF:	James W. Morgan
DEFENDANT:	DS Smith Holdings, Inc., et al
CLAIM NO.:	
Terms	Due on receipt

Thank you for the opportunity!

Total	\$403.75
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Date	Invoice #
11/8/2022	22-153

DATE TAKEN:	11/4/2022
DEPONENT:	Miles Roberts
PLAINTIFF:	James W. Morgan
DEFENDANT:	DS Smith Holdings, Inc., et al
CLAIM NO.:	
Terms	Due on receipt

Thank you for the opportunity!

Total	\$546.25
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GORDON & REES, LLP

Accounting Department Check Request

Today's Date: 2/9/2023Date & Time
Required: _____

☒ General Account
 ☐ Trust Account
 ☐ Wire Transfer
 ☐ Foreign Draft

Account No: _____ Amount \$546.25

Client Matter No. CGPROF Currency _____

Matter Name: 1241839 (if not USD)
Sandy, Bruce
PO Box 836

Payable To: MiamitownOH 45041

Address: _____

Tax ID # (if known) _____

Practice Group: _____ Please specify _____

Billing Code _____ Please specify _____

Requested By: _____ Return to: Atlanta

☐ E-Mail when ready
☒ Send Via Interoffice Mail – Floor _____

Billing Attorney C. Shultz Approved By (✕): _____
 (1st Initial Last Name) (Atty. initials or initialed invoice)

Narrative: Please specify text you wish to
 appear on client statement
 (required)

Attached:

☒ Invoice # 22-153
☐ Other (add explanation)

<i>Other Explain:</i>	
<i>Wire Instructions</i>	Bank Name:
	Account #
	SWIFT #
	ABA Routing #

Veritext Corporate Services LLC

Tel. 973-410-4098 Email: Billing-Corp@veritext.com
 Fed. Tax ID: 20-3457913



Bill To: Chad Shultz
 Gordon Rees Scully Mansukhani LLP
 55 Ivan Allen Junior Blvd NW
 Ste 750
 Atlanta, GA, 30308

Invoice #: 6530610
 Invoice Date: 4/26/2023
 Balance Due: \$587.20

Case: Morgan v. Interstate Resources (1:21cv481)**Proceeding Type: Depositions**

Job #: 5636580	Job Date: 1/4/2023	Delivery: Normal	Third Party:	Chubb Group of Insurance
Location:	Dayton, OH		Adjuster Email:	padraig.Flanagan@Chubb.com
Billing Atty:	Chad Shultz		Adjuster:	Padraig P. Flanagan
Scheduling Atty:	Chad Shultz Gordon Rees Scully Mansukhani LLP		Claim #:	KY20K2641562-A
			TPA:	None

Witness: Barry Nelson	Quantity	Price	Amount
Transcript Services - Original Transcript(s)	80.00	\$4.29	\$343.20
Attendance - Half Day	1.00	\$0.00	\$0.00
Witness Read and Sign Services	1.00	\$35.00	\$35.00
Litigation Package - Secure File Suite	1.00	\$0.00	\$0.00
Veritext Virtual Primary Participants	1.00	\$209.00	\$209.00
Hosting & Delivery of Encrypted Files	1.00	\$0.00	\$0.00

Notes: Replaces Chubb invoice 6283175. Chubb has advised Veritext that there is an open SIR on this claim and are unable to pay Veritext. You will need to work with the Insured to have this processed. Please reach out to Chubb for questions on the open SIR

Invoice Total: \$587.20
 Payment: \$0.00
 Credit: \$0.00
 Interest: \$0.00
 Balance Due: \$587.20

TERMS: Payable upon receipt. Accounts 30 days past due will bear a finance charge of 1.5% per month. Accounts unpaid after 90 days agree to pay all collection costs, including reasonable attorney's fees. Contact us to correct payment errors. No adjustments will be made after 90 days. For more information on charges related to our services please consult <http://www.veritext.com/services/all-services/services-information>

Remit to:
 Veritext
 P.O. Box 71303
 Chicago IL 60694-1303
 Fed. Tax ID: 20-3457913

Pay By ACH (Include invoice numbers):
 A/C Name: Veritext
 Bank Name: BMO Harris Bank
 Bank Addr: 311 W. Monroe Chicago, IL 60606
 Account No: 4353454 ABA: 071000288
 Swift: HATRUS44

Invoice #: 6530610
 Invoice Date: 4/26/2023
 Balance Due: \$587.20

Pay by Credit Card: www.veritext.com